

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155230		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/22/2013	
NAME OF PROVIDER OR SUPPLIER ROSEBUD VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2050 CHESTER BLVD RICHMOND, IN 47374			
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F0000	<p>This visit was for the Investigation of Complaint IN00122527.</p> <p>Complaint IN00122527 - Substantiated. Federal/State deficiencies related to the allegations are cited at F-282 & F-514.</p> <p>Survey dates: January 16, 17, 18, & 22, 2013</p> <p>Facility number: 000135 Provider number: 155230 AIM number: 100266820</p> <p>Survey team: Angel Tomlinson RN TC Barbara Gray RN Sharon Lasher RN [January 22, 2013]</p> <p>Census bed type: SNF/NF: 58 SNF: 9 Total: 67</p> <p>Census payor type: Medicare: 11 Medicaid: 50 Other: 6 Total: 67</p> <p>Sample: 4</p>			F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567 plan of correction be considered the letter of credible evidence and request a desk review in lieu of post re-certification on or after 2/7/13.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/21/2013
FORM APPROVED
OMB NO. 0938-0391

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	<p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 1/25/13 by Suzanne Williams, RN</p>						

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F0282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on observation, interview and record review, the facility failed to administer ensure plus (nutritional drink) and a multivitamin with minerals to promote wound healing as ordered by the physician and an antibiotic medication and antibacterial medication as ordered by the physician to treat osteomyelitis (infection of the bone), for 1 of 3 residents reviewed for pressure ulcers in a total sample of 4 (Resident #B).</p> <p>Finding include:</p> <p>Review of the record of Resident #B on 1-17-13 at 1:45 p.m. indicated the resident's diagnoses included, but were not limited to, transverse myelitis with secondary paraplegia (disease of the spinal cord), multiple sclerosis (MS), diabetes mellitus, chronic pain syndrome and osteomyelitis.</p> <p>The pressure ulcer report for Resident #B, dated 11-20-12, indicated the resident had a new stage one pressure ulcer that</p>		F0282	<p>F 282 Services By Qualified Persons/Per Care Plan The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? * Resident B was not negatively affected by the alleged deficiency. * Resident B receives all medication timely prescribed by physician as evidence by the MAR. (See attached MAR.) *The charge nurse will notify the pharmacy, Director of Nursing and/ or designee if medications do not arrive timely. *All new admission will receive an audit to ensure timeliness of medications. *Medications will be STAT ordered from pharmacy within 4 hours of an admission. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. * Residents who reside in this facility have the potential to be affected by the alleged deficient</p>		02/07/2013	

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	<p>measured 11 centimeter (cm) long by 7 cm wide. The pressure ulcer was red with purple blotches.</p> <p>The progress note for Resident #B, dated 11-21-12, indicated the Registered Dietician (RD) requested the resident to have ensure plus 120 cc two times a day for 30 days and multivitamin with minerals to promote wound healing.</p> <p>The physician order for Resident #B on 11-23-12 indicated the resident was ordered ensure plus 120 cc two times a day for 30 days and multivitamin with minerals every day to promote wound healing.</p> <p>The Medication Administration Record (MAR) for Resident #B, dated November 2012, indicated the resident received ensure plus one time on 11-23-12 at 4:00 p.m. and did not receive the ensure plus again until 11-26-12. This indicated the resident missed four nutritional drinks.</p> <p>The MAR for Resident #B, dated November 2012, indicated the resident did not receive a multivitamin with minerals until 11-26-12. This indicated the resident missed two doses of the multivitamin ordered by the physician.</p>		<p>practice. * All licensed staff have been inserviced by the Director of Nursing and/or designee on proper medication administration with documentation on 1/24/13. (See attached examples of inservices for nursing staff related to medication administration.) *Medication audit was conducted on 2/6/13 by Director of Nursing and/or designee to ensure all medications are available as prescribed by physicians. * Skills validations related to medication administration were completed on all licensed staff on all shifts by the director of nursing and/or designee by 2/7/13. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? * Director of nursing and/or designee will conduct rounds on all shifts to monitor the timeliness of the medication administration pass. * All licensed staff have been inserviced by the Director of Nursing and/or designee on proper medication administration with documentation on 1/24/13. *Director of Nursing and or/designee will ensure physicians orders are initiated when ordered daily. * Skills validations related to medication administration were completed on all licensed staff on all shifts by the director of nursing and/or designee by 2/7/13. * The director</p>				

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	<p>Interview with the RD on 1-22-13 at 11:10 a.m. indicated the facility procedure, for recommendations she made for residents, was she documented in the resident's record and also documented it on a recommendation sheet and gives it to the DON, Administrator and the Dietary Manager. The RD indicated she does not contact the physician for the orders; the DON does.</p> <p>The wound care center consult for Resident #B, dated 1-10-13, indicated the resident had a stage four pressure ulcer (full thickness tissue loss with exposed tendon, bone or muscle) measuring 17 cm long by 13.4 cm wide and 3.5 cm deep on the sacrum.</p> <p>The physician orders for Resident #B, dated 1-10-13, indicated the resident was ordered vancomycin (antibiotic) 1.25 grams every 12 hours intravenously (IV) and zosyn (antibacterial) 3.375 every 6 hours IV to treat osteomyelitis. The order indicated the resident was to have a Peripherally inserted central catheter (PICC) line placement (used to administer medication) on 1-11-13 at 2:45 p.m.</p>			<p>of nursing is responsible for compliance related to medication administration. * Non-compliance with medication administration procedures may result in further education, and/or disciplinary action. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * A Medical Records CQI tool will be utilized by the director of nursing and/or designee weekly x 4 weeks, monthly x 2 months and quarterly x 1 for at least 6 months. * Audit tools will be submitted to the CQI committee and if 95% compliance is not achieved, action plans will be developed.</p>			

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	<p>The care plan for Resident #B, dated 1-10-13, indicated the resident had a wound with osteomyelitis. The interventions were medications as ordered, PICC placement as ordered, labs as ordered and follow up at wound center as scheduled.</p> <p>The progress note for Resident #B, dated 1-10-13, indicated the resident returned from wound care center with orders for PICC line placement on 1-11-13. The resident was ordered vancomycin and zosyn.</p> <p>The MAR for Resident #B, dated January 2013 indicated the resident did not receive vancomycin 1.25 grams on 1-11-13 at 8:00 p.m. The MAR indicated the resident received her first dose of vancomycin on 1-12-12 at 8:00 a.m. The MAR indicated the resident did not receive zosyn 3.375 grams on 1-11-13 at 6:00 p.m. or on 1-12-13 at 12:00 a.m. The MAR indicated the resident did not receive her first dose of zosyn until 1-12-13 at 6:00 a.m.</p> <p>Interview with Resident #B on 1-17-13 at 12:00 p.m. indicated she had a wound on her bottom. Resident #B indicated the pressure ulcer wound had an infection in it.</p>						

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	<p>During observation on 1-17-13 at 12:10 p.m., Resident #B was receiving a treatment to her pressure ulcer. The resident had a large stage four pressure ulcer on her sacrum. The pressure ulcer color was pink and yellow. The pressure ulcer dressing had a moderate amount of red and brown drainage on it.</p> <p>Interview with the DON on 1-22-13 at 10:05 a.m. indicated the reason Resident #B did not receive her vancomycin on 1-11-13 at 8:00 p.m. or her zosyn on 1-11-13 and 1-12-13 was because the pharmacy had to mix the medication and had 24 hours to deliver the medication. When queried if the medication was ordered on 1-10-13 wouldn't the medicine already be at the facility on 1-11-13 for the doses missed, the DON indicated that the medication would have been at the facility for administration and she was unsure why the medication was not given on 1-11-13 and 1-12-13.</p> <p>This federal tag relates to complaint IN00122527.</p> <p>3.1-35(g)(2)</p>						

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on interview and record review, the facility failed to document antibiotic medication and antibacterial medications were given to a resident for 1 of 3 residents reviewed for pressure ulcers in a total sample of 4 (Resident # B).</p> <p>Finding include;</p> <p>Review of the record of Resident #B on 1-17-13 at 1:45 p.m. indicated the resident's diagnoses included, but were not limited to, transverse myelitis with secondary paraplegia (disease of the spinal cord), multiple sclerosis (MS), diabetes mellitus, chronic pain syndrome and osteomyelitis.</p> <p>The physician order for Resident #B,</p>	F0514	<p>F 514 Resident Records-Complete/Accurate/Accessible The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? *Resident B receives medications the prescribing physician has ordered as evidence by the MAR. (Please see attached MAR). *Resident B was not negatively affected by the alleged deficiency. *The charge nurse will notify the pharmacy, Director of Nursing and/ or designee if medications do not arrive timely. *All new admission will receive an audit to ensure</p>		02/07/2013		

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	<p>dated 1-10-13, indicated the resident was ordered vancomycin (antibiotic) 1.25 grams every 12 hours intravenously (IV) and Zocyn (antibacterial) 3.375 grams every six hours per IV.</p> <p>Review of the Medication Administration Record (MAR) for Resident #B, dated January 2013, indicated the resident's zosyn 3.375 grams was not signed as given on 1-14-13 and 1-16-13. The vancomycin 1.25 grams was not signed as given on 1-17-13.</p> <p>Interview with the Director of Nursing (DON) on 1-22-13 at 10:05 a.m. indicated Resident #B's zosyn was not given on 1-14-13 because the resident's IV was clogged up. The DON indicated on 1-16-13 the resident did receive the zosyn. The DON indicated the vacomycin was not given on 1-17-13 due to the resident's lab work was high. The DON indicated the nurse who gave the medication did not sign the medications were given or circle their initials to indicate the medications were held.</p> <p>Interview with the DON on 1-22-13 at 11:40 a.m. indicated the facility's procedure if medications were not</p>				<p>timeliness of medications. *Medications will be STAT ordered from pharmacy within 4 hours of admission. How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? * Residents who reside in this facility have the potential to be affected by the alleged deficient practice. * Director of Nursing and/or designee will conduct audits of the Medication Books daily to ensure no omissions are found. * All licensed staff have been inserviced by the Director of Nursing and/or designee on proper medication administration with documentation on 1/24/13. (See attached examples of inservices for nursing staff related to medication administration.) * Skills validations related to medication administration were completed on all licensed staff on all shifts by the Director of Nursing and/or designee by 2/7/13 What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? * Director of Nursing and/or designee will conduct audits of the Medication Books daily to ensure no omissions are found. * All licensed staff have been inserviced by the Director of Nursing and/or designee on medication administration with</p>		

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	<p>given to a resident, was the nurse signed the MAR with their initials and a circle around it and an explanation of why the medication was not given.</p> <p>This federal tag relates to complaint IN00122527.</p> <p>3.1-50(a)(1) 3.1-50(a)(2)</p>			<p>documentation on 1/24/13. * Skills validations related to medication administration will be completed on all licensed staff on all shifts by the Director of Nursing and/or designee by 2/7/13. * The Director of Nursing is responsible for compliance related to medication administration. *Non-compliance with medication administration procedures may result in further education, and/or disciplinary action. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? * A Medical Records CQI tool will be utilized by the Director of Nursing and/or designee weekly x 4 weeks, monthly x 2, quarterly x 1 for at least 6 months. * Audit tools will be submitted to the CQI committee and if 95% compliance is not achieved, action plans will be developed.</p>			